



The relationship between Balinese patriarchal culture and regularity of antenatal care visits at Puskesmas I Denpasar Barat

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ABSTRACT

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Patriarchal culture may influence women's autonomy in accessing maternal health services, including antenatal care (ANC), which is essential for ensuring maternal and fetal well-being. This study aimed to analyze the relationship between Balinese patriarchal culture and the regularity of antenatal care visits. This analytic correlational study used a cross-sectional design and was conducted at Puskesmas I Denpasar Barat from November to December 2025. A total of 38 respondents were selected using purposive sampling. Patriarchal culture was measured using a questionnaire and categorized into moderate and extreme levels, while ANC visit regularity was assessed based on the national standard of at least six visits. Data were analyzed using the Chi-Square test with a significance level of $\alpha = 0.05$. The results showed that 68.4% of respondents attended ANC visits regularly. Moderate patriarchal culture was found in 52.6% of respondents, while 47.4% were categorized as extreme. A statistically significant relationship was found between patriarchal culture and ANC visit regularity ($p = 0.003$). Women with extreme patriarchal culture were more likely to have irregular ANC visits compared to those with moderate levels. In conclusion, stronger patriarchal culture is associated with decreased regularity of antenatal care visits, indicating the importance of involving families, particularly husbands, in maternal health programs.

INTRODUCTION

Antenatal care (ANC) is a comprehensive health service provided to pregnant women from conception to the onset of labor. According to the Indonesian Ministry of Health, integrated ANC aims to ensure positive pregnancy experiences and improve maternal and neonatal outcomes¹. The national standard recommends at least six antenatal visits during pregnancy to ensure optimal maternal and fetal health. Despite improvements in maternal health services, the utilization of these services is not solely determined by availability, but also by sociocultural factors. Previous studies have shown that sociocultural conditions significantly influence the use of maternal health services².

One of the most influential factors is patriarchal culture, which positions men as dominant decision-makers in household and social structures³. In such systems, women's autonomy in health-related decision-making may be limited, including decisions related to pregnancy care. This limitation can affect women's ability to access antenatal care services independently⁵. In Balinese society, patriarchal values are deeply embedded in traditional and religious practices, shaping gender roles and



expectations ⁴. As a result, women may depend on their husbands or family members when making decisions about seeking healthcare. However, previous studies have reported inconsistent findings regarding the influence of patriarchal culture on ANC utilization ⁶.

These inconsistencies indicate the need for further research, particularly in specific sociocultural contexts such as Bali. Therefore, this study aimed to analyze the relationship between Balinese patriarchal culture and regularity of antenatal care visits at Puskesmas I Denpasar Barat.

METHODS

This study employed an analytic correlational design with a cross-sectional approach, conducted at Puskesmas I Denpasar Barat from November 24 to December 3, 2025. The research population consisted of all pregnant women specifically those in their postpartum period during the study who attended the health center. A sample of 38 respondents was determined using a correlational sample size formula with an expected correlation coefficient (r) of 0.45, a significance level α of 0.05, and a statistical power ($1-\beta$) of 80% to ensure adequate statistical power. Respondents were selected through purposive sampling based on predefined inclusion and exclusion criteria. The inclusion criteria required respondents to be willing to participate, possess a complete Maternal and Child Health (MCH/KIA) handbook, and reside within the working area of the health center. Conversely, the exclusion criteria involved women experiencing severe health complications or psychological distress that hindered their ability to provide accurate information, as well as those with incomplete ANC records. Data collection involved a validated questionnaire to measure Balinese patriarchal culture, categorized as moderate or extreme, and a checklist to assess the regularity of antenatal care (ANC) visits based on the national minimum standard of at least six visits recorded in the MCH handbook. All data were analyzed using univariate and bivariate analysis with the Chi-Square test. This study received ethical approval from the Health Research Ethics Committee of Poltekkes Kemenkes Denpasar under approval number DP.04.02/F.XXIV.25/990/2025.

RESULT AND DISCUSSION

The characteristics of respondents in this study included age, education level, occupation, and parity. A total of 38 respondents participated in the study.

Table 1. Characteristics of respondents

Respondents	Frequency (f)	Percentage (%)
Age		
≤20 years	3	7.9
21-35 years	29	76.3
>35 years	6	15.8
Total	38	100
Education		
Primary	7	18.4
Secondary	22	57.9
Higher	9	23.7
Total	38	100
Occupation		
Unemployed	10	26.3
Employed	28	73.7
Total	38	100
Parity		
Primigravida	11	28.9
Multigravida	27	71.1
Total	38	100

The results showed that most respondents were aged 21–35 years (76.3%), which is considered the optimal reproductive age group. Only a small proportion were aged ≤ 20 years (7.9%) or older than 35 years (15.8%). Most respondents had secondary education (57.9%), while 23.7% had higher education and 18.4% had primary education. Regarding employment status, the majority of respondents were working (73.7%), while 26.3% were not working. In terms of parity, most respondents were multigravida (71.1%), whereas 28.9% were experiencing their first pregnancy. Respondents within the reproductive age group and with higher education levels generally have better access to health information and maternal health services. Education and employment status may also influence women's autonomy in decision-making related to reproductive health ⁷.

Table 2. Distribution of Balinese patriarchal culture

Variable	f	%
Patriarchal Culture		
Moderate	20	52.6
Extreme	18	47.4
Total	38	100

The results indicated that most respondents had a moderate level of patriarchal culture (52.6%), while 47.4% were categorized as extreme patriarchal culture. Moderate patriarchal culture indicates that although traditional gender norms still exist, decision-making related to maternal health is not entirely dominated by men ⁹. In contrast, extreme patriarchal culture reflects stronger male dominance in household decision-making. The relatively high proportion of moderate patriarchal culture in this study may be influenced by the urban setting of the research location. Women living in urban areas generally have better access to education, employment opportunities, and health services, which may increase their autonomy in health-related decision-making ⁸.

The findings revealed that more than half of respondents had moderate patriarchal cultural values. This suggests that although patriarchal norms still exist in Balinese society, women may have greater autonomy in making health-related decisions. This finding may be influenced by the urban setting of Denpasar, where women tend to have better educational backgrounds and employment opportunities ⁷. These factors may contribute to increased independence in health decision-making. Previous studies have also reported similar findings, indicating that patriarchal culture in urban communities may gradually shift toward more egalitarian gender roles ¹⁰.

Table 3. Regularity of antenatal care visits

Variable	f	%
Antenatal Care Visit Regularity		
Regular	26	68.4
Irregular	12	31.6
Total	38	100

Based on Table 3, most respondents (68.4%) attended antenatal care visits regularly according to the national standard of at least six visits during pregnancy. Meanwhile, 31.6% of respondents did not complete antenatal visits according to the recommended schedule. Regular antenatal care visits are important for early detection of pregnancy complications, monitoring maternal and fetal health, and providing necessary health education to pregnant women ¹¹.

The majority of respondents in this study attended antenatal care visits regularly. This finding indicates a relatively good utilization of maternal health services among pregnant women in the study area. Regular antenatal care visits allow health workers to monitor pregnancy progress, detect potential complications early, and provide necessary counseling related to nutrition, danger signs of pregnancy, and birth preparedness ¹². However, nearly one-third of respondents still had irregular antenatal visits, indicating that barriers to accessing maternal health services still exist.

Table 4. Relationship between Balinese patriarchal culture and regularity of antenatal care visits

Patriarchal Culture	Regular ANC		Irregular ANC		Total		<i>p-value</i>
	f	%	f	%	f	%	
Moderate	18	90	2	10	20	100	0.003
Extreme	8	44.4	10	55.6	18	100	
Total	26	68.4	12	31.6	38	100	

The results showed that among respondents with moderate patriarchal culture, most respondents (90%) attended antenatal care visits regularly. In contrast, among those with extreme patriarchal culture, more than half (55.6%) had irregular antenatal visits. The chi-square test yielded a *p*-value of 0.003 ($p < 0.05$), indicating a statistically significant relationship between Balinese patriarchal culture and the regularity of antenatal care visits.

This study found a significant relationship between Balinese patriarchal culture and the regularity of antenatal care visits. Women living in households with extreme patriarchal culture were more likely to have irregular antenatal visits. This condition may occur because decision-making regarding healthcare often depends on the husband or other family members. In patriarchal societies, men are often considered the primary decision-makers, including decisions related to healthcare utilization¹⁴. As a result, women may face limitations in independently seeking antenatal care services. Several factors related to patriarchal culture may influence antenatal care utilization, including limited autonomy of women in health decision-making, dependence on the husband's permission, financial control within the household, and traditional beliefs regarding pregnancy care¹³. These findings are consistent with previous studies that reported a significant relationship between patriarchal culture and maternal health service utilization. Strong patriarchal values may limit women's access to reproductive health services¹⁵. Therefore, maternal health promotion programs should not only focus on pregnant women but also involve husbands and families in health education programs. Increasing male involvement in maternal health programs can help improve support for pregnant women in accessing antenatal care services.

CONCLUSION

This study concludes that there is a statistically significant relationship between Balinese patriarchal culture and the regularity of antenatal care (ANC) visits ($p = 0.003$), where stronger patriarchal beliefs are associated with decreased attendance. Women in extreme patriarchal environments are more likely to have irregular visits due to limited autonomy in health decision-making and dependence on their husbands, suggesting the potential importance of involving men in maternal health programs. However, this study is limited by its relatively small sample size of 38 respondents and its specific urban setting in Denpasar, which may not fully represent the cultural dynamics in rural or more traditional areas of Bali. Future research with a larger, more diverse sample is recommended to further explore these sociocultural determinants over a longer period.

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CONFLICT OF INTEREST

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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DECLARATION OF ARTIFICIAL INTELLIGENCE USE

The authors used ChatGPT (OpenAI, version GPT-5) to assist in improving the language and grammar of the manuscript. The authors reviewed and verified the content to ensure accuracy and integrity.

AUTHOR CONTRIBUTIONS

ELMD conceptualized the study, performed the experiments, and wrote the original draft of the manuscript. NNS and LAWN supervised the research, reviewed the methodology, and edited the final manuscript. All authors contributed to the article and approved the submitted version.

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